UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

## NOTICE OF ALLOWANCE AND FEE(S) DUE

36716

7590

04/18/2008

LADAS & PARRY 5670 WILSHIRE BOULEVARD, SUITE 2100 LOS ANGELES, CA 90036-5679 EXAMINER

WOO, STELLA L

ART UNIT PAPER NUMBER

2614 DATE MAILED: 04/18/2008

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/565,084      | 01/17/2006  | Jing Wang            | B-5849PCT 623141-3  | 5582             |

TITLE OF INVENTION: METHOD FOR REALIZING MULTI-PICTURE

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1440        | \$300               | \$0                  | \$1740           | 07/18/2008 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

### Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where n

| ppropriate. All further ndicated unless correcte naintenance fee notifica                                                                                                                                                                                                                                                            | correspondence including below or directed oth tions.                                                 | g the Patent, advance or<br>erwise in Block 1, by (a                                                                           | ders and notification a) specifying a new co                                                                                                                                                                                                                                                                                                   | of m                                                                                                                                                                                                                                                                                          | naintenance fees wi<br>pondence address;                                                                        | ill be<br>and/or                                | mailed to the current of (b) indicating a separ                                                                                      | correspondence address as rate "FEE ADDRESS" for                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                                         |                                                                                                       |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                                                                 |                                                 |                                                                                                                                      |                                                                                                                                     |
| 36716                                                                                                                                                                                                                                                                                                                                | 7590 04/18                                                                                            | /2008                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                | nave                                                                                                                                                                                                                                                                                          |                                                                                                                 |                                                 | e of Mailing or Transn                                                                                                               | niccian                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                      | RRY<br>E BOULEVARD, S<br>S, CA 90036-5679                                                             | UITE 2100                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                | I her<br>State<br>addre<br>trans                                                                                                                                                                                                                                                              | reby certify that this<br>es Postal Service was<br>essed to the Mail<br>amitted to the USPT                     | s Fee(s<br>ith suf<br>Stop<br>O (57             | s) Transmittal is being ficient postage for first ISSUE FEE address a 1) 273-2885, on the da                                         | deposited with the United t class mail in an envelope above, or being facsimile the indicated below.                                |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                       |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                                                 |                                                 |                                                                                                                                      | (Depositor's name)                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                       |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                                                 |                                                 |                                                                                                                                      | (Signature)                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                       |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                                                 |                                                 |                                                                                                                                      | (Date)                                                                                                                              |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                      | FILING DATE                                                                                           |                                                                                                                                | FIRST NAMED INVEN                                                                                                                                                                                                                                                                                                                              | TOR                                                                                                                                                                                                                                                                                           |                                                                                                                 | ATTO:                                           | RNEY DOCKET NO.                                                                                                                      | CONFIRMATION NO.                                                                                                                    |
| 10/565,084                                                                                                                                                                                                                                                                                                                           | 01/17/2006                                                                                            | •                                                                                                                              | Jing Wang                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                               |                                                                                                                 | B-58                                            | 349PCT 623141-3                                                                                                                      | 5582                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                       | IZING MULTI-PICTUR.  ISSUE FEE DUE                                                                                             | PUBLICATION FEE D                                                                                                                                                                                                                                                                                                                              | J 100 1                                                                                                                                                                                                                                                                                       | PREV. PAID ISSUE                                                                                                | - DDD                                           | TOTAL EEE/S) DIE                                                                                                                     | DATE DITE                                                                                                                           |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                          | SMALL ENTITY                                                                                          |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                | UE                                                                                                                                                                                                                                                                                            |                                                                                                                 | FEE                                             | TOTAL FEE(S) DUE                                                                                                                     | DATE DUE                                                                                                                            |
| nonprovisional                                                                                                                                                                                                                                                                                                                       | NO                                                                                                    | \$1440                                                                                                                         | \$300                                                                                                                                                                                                                                                                                                                                          | \$0 \$1740                                                                                                                                                                                                                                                                                    |                                                                                                                 | 07/18/2008                                      |                                                                                                                                      |                                                                                                                                     |
| EXAM                                                                                                                                                                                                                                                                                                                                 | IINER                                                                                                 | ART UNIT                                                                                                                       | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                               |                                                                                                                 |                                                 |                                                                                                                                      |                                                                                                                                     |
| WOO, ST                                                                                                                                                                                                                                                                                                                              |                                                                                                       | 2614                                                                                                                           | 348-014090                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                                                                                 |                                                 |                                                                                                                                      | _                                                                                                                                   |
| . Change of correspondence address or indication of "Fee Address" (37 :FR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |                                                                                                       |                                                                                                                                | or agents OR, alter (2) the name of a s registered attorney                                                                                                                                                                                                                                                                                    | Tup to 3 registered patent attorneys ernatively,  a single firm (having as a member a ey or agent) and the names of up to nt attorneys or agents. If no name is                                                                                                                               |                                                                                                                 |                                                 |                                                                                                                                      |                                                                                                                                     |
| PLEASE NOTE: Unl                                                                                                                                                                                                                                                                                                                     | less an assignee is identi<br>h in 37 CFR 3.11. Comp                                                  | A TO BE PRINTED ON The fied below, no assignee eletion of this form is NO                                                      | data will appear on th                                                                                                                                                                                                                                                                                                                         | ne pa<br>g an a                                                                                                                                                                                                                                                                               | tent. If an assigne<br>assignment.                                                                              |                                                 |                                                                                                                                      | ocument has been filed for                                                                                                          |
| lease check the appropr                                                                                                                                                                                                                                                                                                              | iate assignee category or                                                                             | categories (will not be pr                                                                                                     | rinted on the patent):                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                               | Individual 🖵 Co                                                                                                 | rporati                                         | on or other private grou                                                                                                             | up entity Government                                                                                                                |
| a. The following fee(s) are submitted:  Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies                                                                                                                                                                                                   |                                                                                                       |                                                                                                                                | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). |                                                                                                                                                                                                                                                                                               |                                                                                                                 |                                                 |                                                                                                                                      |                                                                                                                                     |
| _ ~ .                                                                                                                                                                                                                                                                                                                                | <b>tus</b> (from status indicated<br>is SMALL ENTITY statu                                            |                                                                                                                                | ☐ b. Applicant is no                                                                                                                                                                                                                                                                                                                           | lone                                                                                                                                                                                                                                                                                          | vor claiming SMAI                                                                                               | I ENT                                           | ГІТҮ status. See 37 СF                                                                                                               | P 1 27(a)(2)                                                                                                                        |
| NOTE: The Issue Fee an                                                                                                                                                                                                                                                                                                               | d Publication Fee (if requ                                                                            |                                                                                                                                | d from anyone other th                                                                                                                                                                                                                                                                                                                         | -                                                                                                                                                                                                                                                                                             | -                                                                                                               |                                                 |                                                                                                                                      | e assignee or other party in                                                                                                        |
| Authorized Signature                                                                                                                                                                                                                                                                                                                 |                                                                                                       |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               | Date                                                                                                            |                                                 |                                                                                                                                      |                                                                                                                                     |
| Typed or printed name                                                                                                                                                                                                                                                                                                                |                                                                                                       |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               | •                                                                                                               |                                                 |                                                                                                                                      |                                                                                                                                     |
| his collection of inform<br>n application. Confiden<br>ubmitting the completed<br>nis form and/or suggesti<br>Sox 1450, Alexandria, V<br>Nexandria. Virginia 223                                                                                                                                                                     | tiality is governed by 35 d application form to the ions for reducing this but irginia 22313-1450. DC | FR 1.311. The informatic<br>U.S.C. 122 and 37 CFR<br>USPTO. Time will vary<br>den, should be sent to the<br>NOT SEND FEES OR ( | on is required to obtain<br>1.14. This collection i<br>depending upon the i<br>e Chief Information O<br>COMPLETED FORM                                                                                                                                                                                                                         | or restindivi                                                                                                                                                                                                                                                                                 | etain a benefit by the<br>imated to take 12 m<br>idual case. Any con<br>r, U.S. Patent and 7<br>7 THIS ADDRESS. | ne publ<br>ninutes<br>mment<br>Fraden<br>. SENI | lic which is to file (and<br>to complete, including<br>to on the amount of time<br>nark Office, U.S. Depar<br>D TO: Commissioner for | by the USPTO to process) g gathering, preparing, and he you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450, |

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# United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO.                     | FILING DATE    | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.     | CONFIRMATION NO. |  |
|-------------------------------------|----------------|----------------------|-------------------------|------------------|--|
| 10/565,084                          | 01/17/2006     | Jing Wang            | B-5849PCT 623141-3      | 5582             |  |
| 36716                               | 590 04/18/2008 |                      | EXAMINER                |                  |  |
| LADAS & PAR                         | RY             | WOO, STELLA L        |                         |                  |  |
| 5670 WILSHIRE BOULEVARD, SUITE 2100 |                |                      | ART UNIT                | PAPER NUMBER     |  |
| LOS ANGELES, CA 90036-5679          |                |                      | 2614                    |                  |  |
|                                     |                |                      | DATE MAILED: 04/18/2008 |                  |  |

### **Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)**

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 269 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 269 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 (571)-272-4200.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Application No.                                                                                                                                                                                                                | Applicant(s)                                                                                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Al-d'PAH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10/565,084                                                                                                                                                                                                                     | WANG ET AL.                                                                                                                                                         |  |
| Notice of Allowability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Examiner                                                                                                                                                                                                                       | Art Unit                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Stella L. Woo                                                                                                                                                                                                                  | 2614                                                                                                                                                                |  |
| The MAILING DATE of this communication appe<br>All claims being allowable, PROSECUTION ON THE MERITS IS<br>herewith (or previously mailed), a Notice of Allowance (PTOL-85)<br>NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RI<br>of the Office or upon petition by the applicant. See 37 CFR 1.313                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (OR REMAINS) CLOSED in this<br>or other appropriate communicat<br>GHTS. This application is subject                                                                                                                            | application. If not included ion will be mailed in due course. <b>THIS</b>                                                                                          |  |
| 1. This communication is responsive to <u>Arguments filed Marc</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>h 11, 2008</u> .                                                                                                                                                                                                            |                                                                                                                                                                     |  |
| 2. ☑ The allowed claim(s) is/are <u>1-8</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                |                                                                                                                                                                     |  |
| <ul> <li>3.  Acknowledgment is made of a claim for foreign priority unally All b)  Some* c)  None of the:</li> <li>1.  Certified copies of the priority documents have</li> <li>2.  Certified copies of the priority documents have</li> <li>3.  Copies of the certified copies of the priority documents</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | been received. been received in Application No                                                                                                                                                                                 |                                                                                                                                                                     |  |
| International Bureau (PCT Rule 17.2(a)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |                                                                                                                                                                     |  |
| * Certified copies not received:  Applicant has THREE MONTHS FROM THE "MAILING DATE" noted below. Failure to timely comply will result in ABANDONM THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.  4.  A SUBSTITUTE OATH OR DECLARATION must be subminished in INFORMAL PATENT APPLICATION (PTO-152) which give some subminished in the control of the contr | itted. Note the attached EXAMINI is reason(s) why the oath or declar be submitted. on's Patent Drawing Review (PT as Amendment / Comment or in the selection of the header according to 37 CFR 1.11 is to f BIOLOGICAL MATERIA | ER'S AMENDMENT or NOTICE OF aration is deficient.  TO-948) attached  e Office action of awings in the front (not the back) of 21(d).  L must be submitted. Note the |  |
| Attachment(s)  1. □ Notice of References Cited (PTO-892)  2. □ Notice of Draftperson's Patent Drawing Review (PTO-948)  3. □ Information Disclosure Statements (PTO/SB/08), Paper No./Mail Date  4. □ Examiner's Comment Regarding Requirement for Deposit of Biological Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5. Notice of Informa 6. Interview Summa Paper No./Mail 7. Examiner's Amel 8. Examiner's State 9. Other /Stella L. Woo/ Primary Examiner, Art U                                                                                 | ary (PTO-413), Date ndment/Comment ement of Reasons for Allowance                                                                                                   |  |